



Development and Environmental Services Department
39550 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006
510 494-4440 *information* | 510 494-4443 *appointments*

For Finance Staff use only

CASE NUMBER: _____

WORK ORDER NUMBER: _____

Total Deposit Fee: \$ _____

APPLICANT - PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE SECTIONS

PROJECT NAME:
(one letter per box)

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PROJECT SITE ADDRESS: _____

APN: _____ - _____ - _____

APN: _____ - _____ - _____

APN: _____ - _____ - _____

APN: _____ - _____ - _____

PROJECT DESCRIPTION: _____

APPLICANT: *Name and mailing address of person requesting the filing of this application.*

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (____) _____ FAX#: (____) _____

E-MAIL ADDRESS: _____

SIGNATURE: _____

MAIN CONTACT PERSON: *Person to be contact other than applicant regarding this application.*

☐ ARCHITECT ☐ ENGINEER
☐ TENANT ☐ OTHER _____

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (____) _____ FAX#: (____) _____

E-MAIL ADDRESS: _____

PROPERTY OWNER AUTHORIZATION:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (____) _____ FAX#: (____) _____

E-MAIL ADDRESS: _____

CHOOSE ONE:

- ☐ I am the sole owner and hereby authorize the filing of this application
- ☐ I own the project site jointly with one or more persons and am empowered to authorize the filing of this application on behalf of my fellow property owners; or,
- ☐ I own the project site in conjunction with one or more persons who are listed with their acknowledgement and authorization for the filing of this application attached for additional property owner authorization/acknowledgements.

SIGNATURE: _____

BILLING AUTHORIZATION: *Person responsible for payment of project charges.*

I agree that the application fee submitted with this application is a deposit only. If the application is modified, an additional deposit or deposits may be required. The actual charges for the application(s) and any subsequent modifications will be based on staff time required to process the application, including modifications and appeals. Progress billings will be made during the review of the project if charges exceed the deposit. Prompt payments of progress billings will assure continued staff review of the project. I also agree that the denial of the project does not relieve me of the payment of charges for the processing of the application. I acknowledge I will be issued a refund at the completion of the project review if excess funds have been paid.

I further agree to pay all fees charged for the processing of this application and any subsequent modification based on the current fee schedule, which is in effect at the time the work, is performed. Additionally, I authorize the City to offset any shortage in any other accounts I might have with the City with excess funds from this account.

The City reserves the right to offset any shortage in other accounts.

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (____) _____ FAX#: (____) _____

E-MAIL ADDRESS: _____

SIGNATURE: _____

Staff use only**ADM**

- ☐ PRP *+ \$1,700
☐ ZA – new application * \$ 850
☐ ZA Amend # _____ * \$ 600
☐ Lot Combo + \$ 600
☐ Lot Line Adjustment * \$1,200
☐ Mod * \$ 200

DES

- ☐ DES \$4,000
☐ DEM \$1,800
☐ DOL \$1,800
☐ HARB – Arch. Review *+ \$1,900
☐ Prelim. Grading *+ \$1,600
☐ Private Street *+ \$ 700

USE

- ☐ Use Permit – new application *+ \$2,400
☐ Use Permit Amend *+ \$2,400
☐ Finding – Architecture/Site *+ \$2,400

REZ

- ☐ Plan. District
 ▶ Preliminary *+ \$1,000
 ▶ Precise *+ \$2,300
 ▶ Prelim. & Precise *+ \$4,800
 ▶ Maj. Amend # _____ *+ \$3,000
 ▶ Min. Amend # _____ *+ \$1,500
☐ Rezoning *+ \$1,000
☐ Zoning Text Amendment *+ \$1,600

VAR

- ☐ Variance \$ 850

APP

- ☐ Appeals to Planning Commission
 (Case No. _____) \$ 35

ENV

- ☐ EIA * \$ 750
☐ EIR * \$ _____
☐ Consultant Services \$ _____

PUD

- ☐ PUD – new application *+ \$2,500
☐ PUD Amend *+ \$3,000

GEN

- ☐ GPA *+ \$2,400
☐ Finding - Land Use (Gen. Pl.) *+ \$1,250

DEV

- ☐ Develop. Agreement \$1,450
☐ Develop. Agreement Review \$ 500

ANX

- ☐ Ag Preserve: Cancel. *+ \$1,900
☐ Ag. Preserve: New Contract *+ \$1,900

OTHER

- ☐ Certificate of Compliance * \$1,000
☐ Easement Abandonment * \$1,200
☐ Street Abandonment * \$1,900
☐ (Vest or Non-Vest) Tentative
 Parcel Map No. _____ * \$1,900
☐ (Vest or Non-Vest) Tentative
 Tract Map No. _____ * \$4,800
☐ Tentative Tract Extension
 Map No. _____ * \$1,800
☐ (OR LIST) _____ \$ _____

MIS CASE

- ☐ Amusement Device \$ 50
☐ Certificate of Compatibility * \$ 100
☐ Conditional Use Extension * \$ 350
☐ DEX \$ 200
☐ HARB - Sign \$ 225
☐ Large Family Day Care
 a Public Hearing required \$ 450
 a Public Hearing not required \$ 150
☐ Mobile Home Cert. \$ 100
☐ Modification of Subdivision Regs. \$ 200
☐ ZA Extension \$ 200
☐ PSP \$ 225
☐ PSP Amend \$ 225
☐ TPM Ext. (# _____) * \$ 300

PLN DEPOSIT FEE SUBTOTAL \$ _____
 MIS FLAT FEE SUBTOTAL \$ _____

TOTAL DEPOSITS
 AND/OR
 FLAT FEES \$ _____

MEETING CODES:

* = CTCC Meeting recommended
 + = Applicant Meeting recommended

PREVIOUS ACTIONS AND APPLICATION FILE
NUMBERS: _____

COMMENTS: _____

ATLAS PAGE: 5 _____ -C - 3 _____

REVIEWED BY: ☐ ADMIN ☐ PC ☐ CC

REC. DATE: ____/____/____
BY: _____

NOTIFICATION REQUIRED?
☐ YES ☐ NO

BUFFER DISTANCE:
_____ ☐ FEET ☐ MILE

PROJECT MANAGER: _____